

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/573,332

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51	1					
2							52	1					
3							53		1				
4	1						54		1				
5		1					55	8	1				
6	1	1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		5					62						
13		5					63						
14		5					64						
15		5					65						
16		5					66						
17		5					67						
18		5					68						
19		5					69						
20		5					70						
21		5					71						
22		5					72						
23		5					73						
24		5					74						
25		①					75						
26		5					76						
27		5					77						
28		5					78						
29		5					79						
30		①					80						
31		①					81						
32		①					82						
33	1						83						
34	1						84						
35	1						85						
36	1						86						
37	1						87						
38	1						88						
39		1					89						
40		1					90						
41		1					91						
42	1						92						
43	1						93						
44	1						94						
45	1						95						
46		1					96						
47		1					97						
48		1					98						
49	1						99						
50	1						100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	15	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	113	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	128					